CC4/ALG 20007567/Files 3.

REF: ALG.

ALG ASSIGNMENT

REF:	

From: _____ Date: _____

Estimated Cost: _____

CO / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 890K.

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Shirley

Vehicle: IN / OUT

	N/S	O/S

Veh No: SKZ 1323 Y Yr Regn: 2016, Jan

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Honda Vezel c.c 1496

Colour: white

A/C: Insured / Std / NI / NA

Sp.Reading 69577.

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU1106121

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16.

R: 2

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	27/7/20	

Survey held at MGM Wheelpower.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Prell. Report

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I. (_____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Week end ($ _____)

Survey Fee:	
Transportation:	
__ S + RS.__ SI	
Photos	
Others	
TOTAL	